

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **44051**Registration District No. **82** Primary Registration District No. **1** Registrar's No. **1**

1. PLACE OF DEATH:

- (a) County **Shannon**
(b) City or town **Emmence (Rural)**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community _____ years, months or days **13 years**3. (a) PRINT FULL NAME **Mrs. A. Manton**

3. (b) If veteran, name war
- ✓**
3. (c) Social Security No.
- ✓**

4. Sex
- M**
5. Color or race
- W**
6. (a) Single, widowed, married, divorced
- Married**

6. (b) Name of husband or wife
- Lucy**
6. (c) Age of husband or wife if alive
- 59**
- years

7. Birth date of deceased
- Aug 23 1862**
-
- (Month) (Day) (Year)

8. AGE: Years
- 78**
- Months
- 3**
- Days
- 1**
- If less than one day hr. min.

9. Birthplace
- Michigan**
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Farmer**

11. Industry or business
- Farmer**

12. Name
- L. A. Manton**

13. Birthplace
- Mass**
-
- (City, town, or county) (State or foreign country)

- 14.
- Mary Corbano**

15. Birthplace
- Mass**
-
- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- Lucy Manton**

- (b) Address
- Emmence**

17. (a)
- Emmence**
- (b) Date thereof
- 11/27/40**
-
- (Burial, cremation, or removed) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Emmence (Rural)**

18. (a) Signature of funeral director
- Frank Hendel**

- (b) Address
- Van Buren**

19. (a)
- 11-24-40**
- (b)
- Frank, Hendel**
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Michigan**
- (b) County
- Shannon**

- (c) City or town
- Emmence (Rural)**
-
- (If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- 11**
- day
- 24**
-
- year
- 1940**
- hour
- 12**
- minute
- 35 P. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him/her on _____, 19____, and that death occurred on the date and hour stated above.

- Immediate cause of death
- Coronary thrombosis**
- Duration _____

- Due to
- 12/24**

- Due to _____

- Other conditions (include pregnancy within 3 months of death)

- Major findings: Of operations _____

- Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
- 744**

- (Specify type of place) (e) Means of injury _____

23. Signature
- Frank Hendel**
- (M. D. or other)
- 1**

- Address
- Emmence**
- Date signed _____

RECEIVED

District Health Officer No. 5,

District File Number 12401170

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4.53

P. O. Address Van Buren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.